Direct Deposit Authorization Form

For your convenience, we can electronically transmit your trust or annuity distribution check directly to your bank or other financial institution. Please fill out the following required information and **attach a voided check or legible copy of a voided check to this form and return it to us**. For savings accounts, be sure and complete all bank and account information. Thank you for doing your part to help the hungry in the world through your support of Heifer Foundation.

Please Check One: New Enrollment _____ Change of Financial Institution and/or Account _____

Donor/Beneficiary Information:

Name as it appears on account: _____

Daytime phone: (____)_____ Evening Phone: (____)_____

Bank or Financial Institution Information:

Financial Institution Name (Please Print): _____

Financial Institution City and State: _____

Financial Institution Routing / Transit Number: _____

Account Number at Financial Institution: _____

Type of Account (please check one): Checking _____ or Savings _____

Phone Number: (____)_____ Account Representative: _____

Authorization:

I authorize Heifer International Foundation to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account (noted above). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Signature: _____ _____

Primary Account Holder Secondary Account Holder

Date: _____ Date: _____

Please Remit to:
Heifer Foundation
Attn: Finance
P.O. Box 727
Little Rock, AR 72203-0727

Activation of Direct Deposit may take up to two payment cycles to begin, depending on when the form is received. For questions and inquiries, please call 1-(888) 422-1161.